

RESPONDING TO INDIVIDUALS IN BEHAVIORAL HEALTH CRISIS VIA CO-RESPONDER MODELS: THE ROLES OF CITIES, COUNTIES, LAW ENFORCEMENT, AND PROVIDERS

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2:00-3:00pm Eastern Time



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Overview/Agenda

- Welcome/technology introduction
 - *Please chat your questions*
- Background of work with SJC
- Outline of Co-responder brief
- Additional resources
- Site examples: Spokane, WA & Los Angeles, CA

Background

- John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge
- PRI, NLC, NACo



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RESPONDING TO INDIVIDUALS IN BEHAVIORAL HEALTH CRISIS VIA CO-RESPONDER MODELS:

The Roles of Cities, Counties, Law Enforcement, and Providers

By: Ashley Krider & Regina Huerter, Policy Research, Inc.
Kirby Gaherty & Andrew Moore, National League of Cities

Cities and counties across the country are increasingly adopting the promising co-responder model to improve how they engage with people experiencing behavioral health crises. Co-responder models vary in practice, but generally involve law enforcement and clinicians working together in response to calls for service involving a person experiencing a behavioral health crisis. The model provides law enforcement with appropriate alternatives to arrest as well as additional options to respond to non-criminal calls. Communities and local leaders can use the model to develop a crisis continuum of care that results in the reduction of harm, arrests, and use of jails and emergency departments and that promotes the development of and access to quality mental and substance use disorder treatment and services.

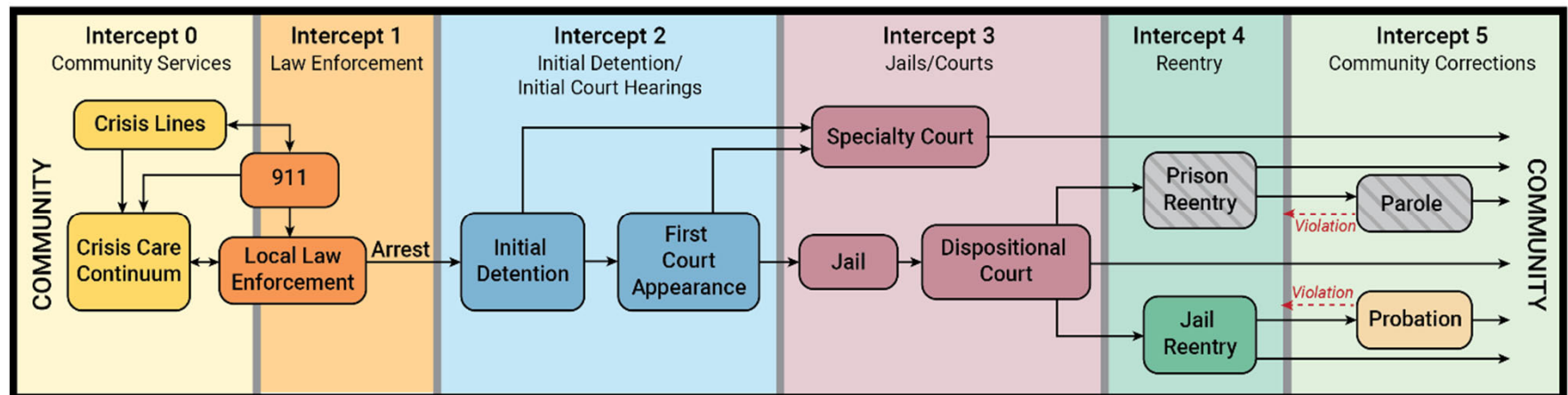
This brief, the first joint product in a series from [Policy Research, Inc. \(PRI\)](#) and the [National League of Cities \(NLC\)](#), details the various co-responder models available to city and county leaders. It reflects the growing interest and experimentation with co-response among jurisdictions that are part of the [John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge \(SJC\)](#), which is focused on reducing the overuse and misuse of jails. In addition, the brief builds upon case studies in NLC's recent series, [Addressing Mental Health, Substance Use, and Homelessness](#), which explores emergency response and crisis stabilization strategies for cities.



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Background of Co-response

- Law enforcement as first responders
- Dual role of law enforcement at Intercepts 0/1
- CIT as a foundation



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“Core” Co-responder Model

- Specially trained team
- At least 1 officer/1 BH professional
- Responding jointly to situations
- Often riding together or dispatched directly
- City/countywide or focused in specific areas
- Goals:
 - On scene clinical support
 - Screening and assessment
 - Navigating/referring to community resources
 - Proactive follow-up

Model Variations

- Law enforcement calls for after-event support
- Law enforcement calls for non-clinical support
- Fire/EMS
- Multi-professional teams, especially re: substance abuse
- Peer staff
- Virtual clinical support
- Clinical staff advise from dispatch centers
- Jail/prison BH release navigators

Co-responder Models within the Safety and Justice Challenge

- Harris County, TX
- Milwaukee County, WI
- Philadelphia, PA
- Lake County, IL
- Los Angeles County, CA
- Spokane County, WA

Potential Benefits of Model

- Decrease in arrests/jail admissions
- Reduction in psychiatric hospitalizations*
- De-escalated crisis situations
- Less use of force
- Reduction in repeat calls for service
- More efficient use of officer time
- Increased police morale
- More efficient access to treatment
- Cost avoidance/savings

*May increase in some cases

Moving Forward

- Identify stakeholders/champion
- Secure funding
- Training for all
- Divert to what?
- Data and evaluation

ADDITIONAL RESOURCES



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NLC's Addressing Mental Health, Substance Use, and Homelessness

1. Advancing Coordinated Solutions through Local Leadership
2. Working Across Systems for Better Results
3. Emergency Response and Crisis Stabilization

<https://www.nlc.org/resource/addressing-mental-health-substance-use-and-homelessness>

BJA's Law Enforcement/First Responder Diversion and Referral Mentoring Initiative

- Cabell County (WV) Emergency Management Services
- Colerain Township (OH) Department of Fire and Emergency Medical Services
- Lucas County (OH) Sheriff's Office
- Mundelein (IL) Police Department
- City of Philadelphia (PA)
- East Bridgewater (MA) Police Department
- Seattle-King County (WA) Public Defender Association
- Tucson (AZ) Police Department

<https://www.coapresources.org/Learning/PeerToPeer/Diversion>

Relevant Initiative: IACP's One Mind Campaign



- Improving police response to persons affected by mental illness
- Implement 4 promising practices over 12-36 months
- May be already doing it- join the page!
- Over 500 agencies have pledged

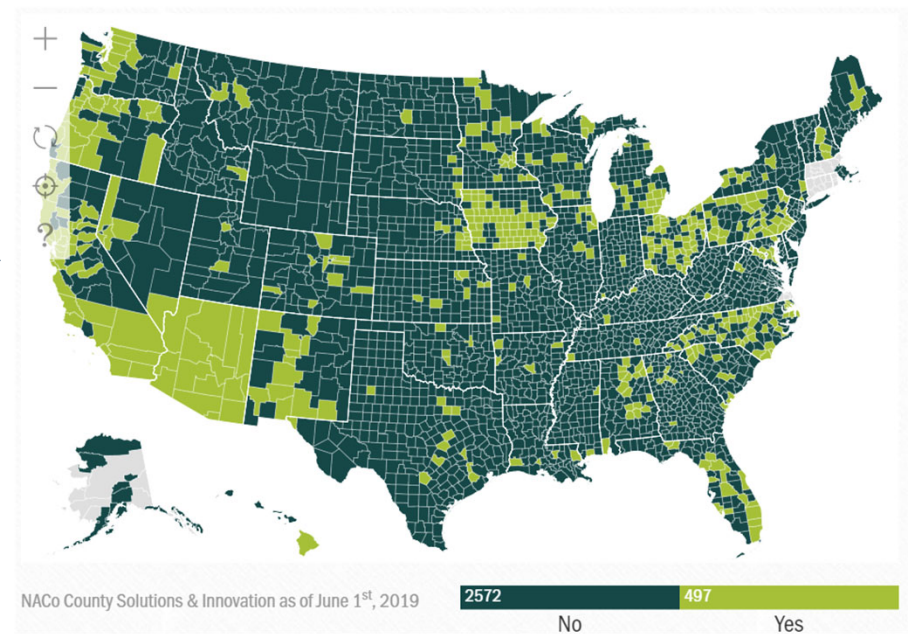
www.theiacp.org/projects/one-mind-campaign

Relevant Initiative: CSG/NACo's Stepping Up



- Reduce the number of people with MI in jails
- 6 questions county leaders should ask
- 4 key measures to track
- Over 500 counties

<https://stepuptogether.org/>



National Co-Responder Conference

#CoRCon

- March 9-11, 2020
- Johnson County (Olathe), KS



<https://jocogov.org/deptpage/mental-health/national-co-responder-conference-information-and-call-presenters>

LOCAL SJC EXAMPLES: SPOKANE, WA & LOS ANGELES, CA



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COMMUNITY
DIVERSION
UNIT

BEHAVIORAL
HEALTH UNIT

Prevent

Prevent deeper class member involvement in and recidivism in the criminal justice system;

Reduce

Reduce demand for competency services;

Minimize

Minimize the harm inflicted on class members by reducing criminal justice involvement and long-term incarceration rates; and

Serve

Serve class members in the least restrictive environment.

GOALS FOR THE DIVERSION SERVICES GRANT

7/1/2018 – 12/31/19

Community Diversion
Unit Trueblood contempt
fines

4 SPD co-deployed
teams

1/1/2020-6/30/2021

Immediate access to respite beds for
transitional housing.

One bed at House of Charity

Two beds at Spokane Treatment and
Recovery Services

Beds at Truth Ministries

7/1/2019 – 6/30/2020

Behavioral Response Unit
Washington Association of
Sheriffs and Police Chiefs
(WASPC)

2 SPD and 2 SCSO
specialized co-deployed

Access to teams; 1 Sgt

FBH's
outpatient
services and
Stabilization
Unit or E&T
facilities

Weekly contact
with TBCMs at
jail

Attend weekly
Community
Court meeting

OVERVIEW OF PROGRAM



IMPLEMENTATION STATUS

COMMUNITY DIVERSION UNIT (CDU)

HOURS OF OPERATION: M-F

- Downtown Precinct
- Day shift: 0600-1600
- Swing shift: 1000-2000
- Power shift: 1600-0200

WASPC: M-F

- 10 a.m. to 8 p.m.

STAFFING

2 BA clinicians, 6 MA
clinicians
1 Sergeant
1 FBH supervisor

INTEGRATION

CDU: Clinician is
dispatched wherever
the officer goes;
WASPC – specialized
team; boundaryless

Clinicians attend roll
call with their LEO;
cross training

OVERVIEW OF PROGRAM AND IMPLEMENTATION STATUS

7/1/18-12/31/19

- ▶ Total contacts: 1629
- ▶ Total Trueblood class members contacted: 137 (8%)
- ▶ Number diverted: 1029 (63%)
- ▶ Incarcerated: 225 (13%)
- ▶ Transported to ED: 276 (17%)

DATA

Housing

Workforce

Training

**LESSONS
LEARNED**

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Crisis Response Support Section



The Five Pillars of an Effective Response

- Training
- Triage
- Crisis Response
- Follow-up
- Community Engagement

Law Enforcement/ Mental Health Collaboration

- **115** - Specially Trained Police Officers, Detectives, and staff
- **60** – Clinicians and staff
 - Los Angeles County Department of Mental Health (DMH) Mental Health Care Professionals
 - Clinical Psychologist (PHD)
 - Licensed Clinical Social Workers (LCSW)
 - Mental Health Nurse (RN)
 - Licensed Marriage and Family Therapist (MFT)

TRAINING DETAIL



MHIT

Mental Health Intervention Training (MHIT) 40-hour Course

- 25 Sessions per year (every other week)
- Personnel Trained as of 1-2020
 - 3085 — LAPD
 - 381 - Outside agencies
- **Priorities:**
 - Probationary Officers
 - Field Training Officers
 - Clinicians assigned to Co-responder teams
 - Homeless Outreach
 - Patrol Officers

What We Teach

- Departmentwide Strategy
- Stigma Reduction
- Risk Assessment
- De-Escalation
- Case Management
- Legal
- Resources
- Self-Care

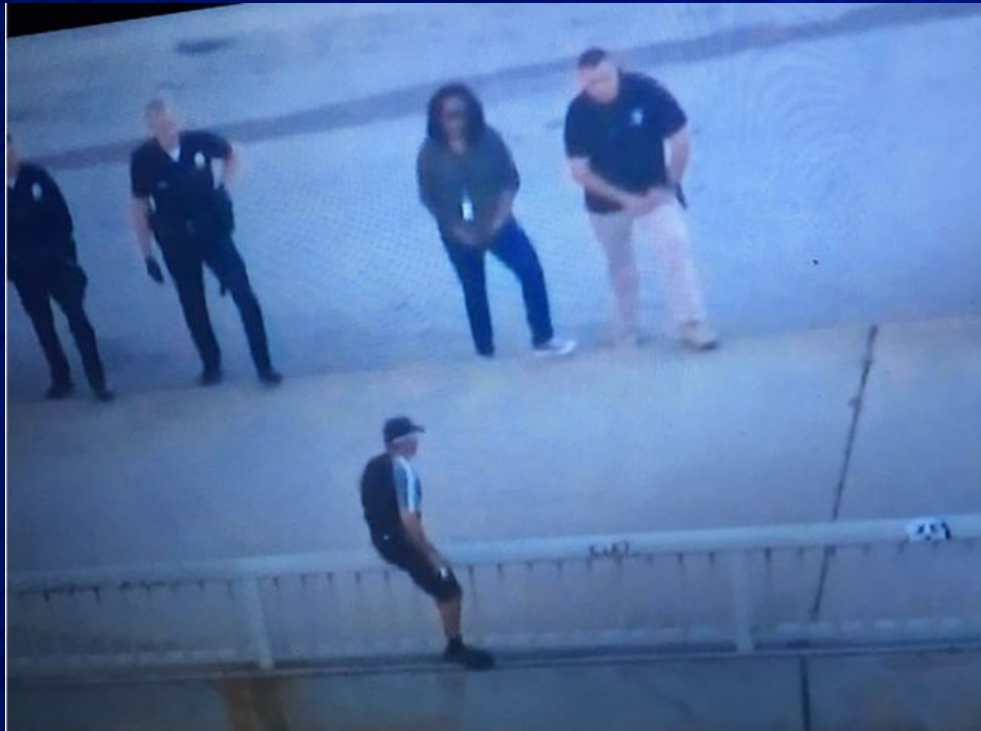
TRIAGE DESK



Triage Desk

- Evaluate information from field officers
- Assess potential risk to individual / public
- Conduct criminal background/firearm check
- Cross check with Department of Mental Health
- Dispatch SMART unit if necessary and available
- Document incident by completing an MEU Report
- Notify Threat Management Unit/Major Crimes

Crisis Response



SMART Units

Deployment

- Citywide Responsibility
- Operations
 - 17 Units per day
 - 4 Watches
 - Days 0600-1600
 - Mids 1000-2000
 - PM 1530-0130
 - AM 2030-0630
 - 24 Hours per day
 - 7 days a week

SMART Units

■ SMART Unit

- Respond to emergent situations
- Respond to requests from patrol units
- Evaluation of the subject to determine:
 - Level of risk
 - Arrest
 - Application for a 72 hour Detention for Evaluation and Treatment
 - Voluntary Assistance
 - Referral

SMART Responsibilities

- Assist field police officers whenever they come into contact with suspected persons with a mental illness;
- Provide intervention, referral, or placement for a person with a mental illness allowing field officers to quickly return to other field duties
- Prevent unnecessary incarceration and/or hospitalization of persons with a mental illness; and,
- Provide alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach. Clinicians determine insurability and locate most appropriate care facility

Calls for Service 2019

- LAPD responded to 20,758 calls for persons in a mental health crisis
- SMART handled 7,871 of those calls
- LAPD completed 14,208 involuntary holds applications (§5150 CA-WIC)
- Weapons seized including Firearms 718 (§8102 CA-WIC)

Follow Up



Case Assessment Management Program
CAMP

CAMP

- Proactive, specialized assessment and risk management services, interventions and consultation to community members experiencing complex mental health situations.
- A CAMP team which consists of a Police Detective and DMH Clinician will respond to hospitals, jails, courts, and homes.
- CAMP will assess and make recommendations to the criminal justice and mental health systems regarding strategies for increasing client stability.
- Threat Management Unit
- Major Crimes Division - JTTF

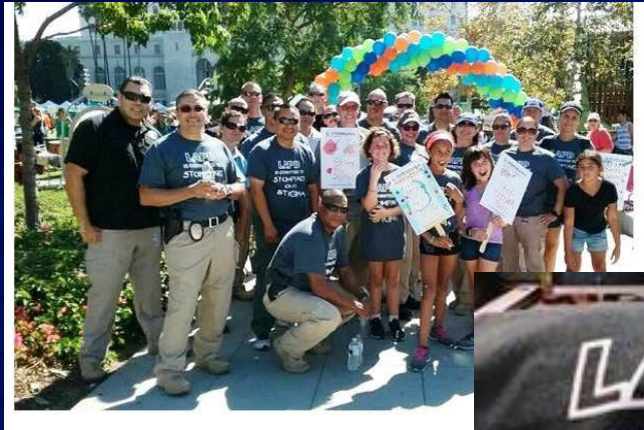
CAMP

CRITERIA

Cases are referred to CAMP from SMART
1415 cases opened in 2019

- Barricaded subject
- The subject has been placed on a minimum of six mental health holds within one year and been the focus of repeated contacts with emergency services.
- Increasingly violent behavior
- Attempt suicide by cop
- In possession of firearms or deadly weapon
- Veteran /PTSD
- PATHE

Community Engagement



- Partnerships
 - NAMI
 - ASLA
 - Providers
- Mental Health Senior Lead Officers
- Mental Health Crisis Response Program
- Quarterly Stakeholder Meetings

Sustainability

- Grants
 - State
 - Federal
 - Bureau of Justice Assistance, US DOJ
 - <https://www.bja.gov/default.aspx>
- Program Assistance
 - Law Enforcement Mental Health Learning Site Program
 - <https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/>
 - Police Mental Health Collaboration Toolkit
 - <https://pmhctoolkit.bja.gov/>

■ QUESTIONS?

MEU Social Media/ Contact

- Twitter - @LAPDMEU
- <http://lapdonline.org/>
(Mental Evaluation Unit)
- Lieutenant II Brian Bixler
213-996-1349
Brian.Bixler@lapd.online
- Paul Sacco, Program Manager II
213-996-1347
PSacco@dmh.lacounty.gov
- Detective III Charles Dempsey
213-996-1300
30036@lapd.online

Questions and Dialogue

Please chat your questions



SafetyAndJusticeChallenge.org

Thank you!



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